Ensuring optimum health care for lesbian, gay, bisexual or transgender patients

Emeritus Professor Alan Glasper, from the University of Southampton, summarises key messages from a recently published Royal College of Nursing policy aimed at nurses and health care support workers which highlights the complexities of providing high quality and non-discriminatory health care to lesbian, gay, bisexual or transgender patients.

Introduction

The shocking atrocities committed against gay people in a night club in Orlando Florida in the USA on the 12th June 2016 which led to 50 fatalities was a tragic reminder of the prejudice still perpetrated against people whose sexual; orientation is not heterosexual in nature. In May 2016 the Royal College of Nursing (RCN) published a new policy entitled "Caring for lesbian, gay, bisexual or trans clients or patients *Guide for nurses and health care support workers on next of kin issues"*

(https://www.rcn.org.uk/professional-development/publications/pub-005592)

The primary objective of this new policy is to illuminate and alleviate discrimination against lesbian, gay, bisexual and trans people (LGBT) by health care staff. This is because the RCN believe that LGBT patients may at some points of their health care journey experience stigma, prejudice and unlawful behaviour. This discrimination may also be perpetrated on LGBT healthcare colleagues.

Background

The Royal College of Nursing as a professional body is publically committed to promoting diversity, equality, inclusion and human rights through its pledge to develop and promote excellence in nursing care delivery. In this context the RCN is obligated to challenging and taking action to reduce health exclusion and inequalities, confronting stigma, and unlawful discrimination in health care. As some of these are orientated towards LBGT patients the RCN have produced this new policy to highlight the plight of this group of patients when they are recipients of health care.

Many heterosexuals believe that everyone is heterosexual and that heterosexuality is inherently superior and preferable to other sexual orientations. This is known as heterosexism and homophobia, biphobia or

transphobia are terms frequently used to describe discrimination against a discrete and non-heterosexual section of client groups in society. People whose personal gender identity differs from that ascribed to them at birth are referred to as trans or trans gender people .In this context some people use the term third gender or third sex and in Thailand plans are being drawn up to include the term third gender within the constitution. (Reuters January the 15Th 2015)

Importantly this RCN policy suggests that people who consider themselves as belonging to the LGBT community can experience detrimental treatment and discrimination attributed to a number of corresponding dynamics including among others age, disability, nationality or ethnicity, gender, pregnancy and marital status.

Such discrimination and prejudice causes some persons to display negative attitudinal behaviours which arouse deleterious emotional feelings toward homosexuality, gender identity or people who are identified or perceived as being lesbian, gay, bisexual or trans. Such prejudice can result in certain biases ranging from antipathy, hostility and contempt through to the type of atrocity committed in Orlando.

It is not surprising given the volume of discrimination and heterosexism demonstrated in some sections of society that some LGBT people with health care morbidities

- present for treatment late in the disease pathway
- experience poor levels of care while in treatment
- are reluctant to adhere to effective follow-up or continuity of care.

(RCN 2016)

It is important to stress that The Equality Act 2010 specifically forbids any overt or covert discrimination against individuals and groups because of their sexual orientation or their gender identity. Chapter 2 of the act specifically addresses sexual orientation and gender reassignment and the act as a whole provides a single clear legal framework to tackle disadvantage and discrimination.

http://www.legislation.gov.uk/ukpga/2010/15/contents

Despite this act coming into force in 2010 the RCN have seen the necessity of publishing their new policy to tackle what they believe to be

intransigent pockets of discrimination in the health service against LGBT patients. Furthermore as a part of its amended code the Nursing and Midwifery Council have stated that

'You put the interests of (LGBT) people using or needing nursing or midwifery services first. You make their care and safety your main concern and make sure that their dignity is preserved and their needs are recognised, assessed and responded to. You make sure that those receiving care are treated with respect, that their rights are upheld and that any discriminatory attitudes and behaviours towards those receiving care are challenged.'

https://www.nmc.org.uk/standards/code/

Next of kin issues when caring for LGBT patients or children with LGBT parents

The main thrust of this new RCN policy concerns dialogue and discussion with the friends, family members and loved ones of LGBT patients or children with LBGT parents/carers. We have all probably seen and witnessed first-hand that some health care workers will only discuss a patient's issues or condition with the 'next of kin'. This term next of kin is often unofficially presumed to mean a blood relative or heterosexual spouse. Clearly in the context of delivering care to LGBT patients or those individuals without a registered partner or spouse, the RCN policy instructs nurses and health care assistants to abide by the patient's or client's wishes in their choice of nominated person and that this decision should be respected.

Undoubtedly there will be some LGBT parents or carers who experience hostility, prejudice or discrimination because of health care staff who display homophobic, biphobic or transphobic behaviour. Some health care workers with heterosexist attitudes may think that families where the parents or carers are LGBT are not really proper legitimate families. Anyone who works with sick children knows that positive health care support within a framework of family centred care is essential to the wellbeing of all family units irrespective of the sexual orientation of the parents or carers.

In the complex world of the law it is important to stress that some LGBT parents /carers might have gained their children through a prior heterosexual relationship, and, if they were married at the time of the birth, the biological father of that child or children will still retain and have automatic parental responsibility irrespective of any new family

paradigms. Furthermore the biological mother has parental responsibility whether she is married or not and the partner or spouse of a lesbian mother may also have parental responsibility if they live together and she has applied through the court for a residence order under the Adoption and Children Act 2002 and/or the Children Act 2004.

Additionally gay men and lesbian women are now enabled to foster and adopt children as a family unit or a couple. Hence a gay man who may be the father of a child can now apply for a residence order if he lives with that child, or he can be granted parental responsibility by the birth mother. A court order, like a residence order, clarifies whether an individual has parental responsibility. This gives health care staff a mandate to recognise and respect such relationships. This is because such court orders also allow a non-biological parent to grant consent on behalf of a child for health care treatment interventions. (RCN 2016)

Although such court orders are possible, in reality many lesbian, gay, bisexual and trans parents refrain from initiating such formal processes. Although child safeguarding priorities will always apply in practice with the mantra of “the child first and always” (Glasper 2016) and the philosophical underpinning of contemporary paediatrics based on family centred care, any person who is a primary carer to a child would undoubtedly expect to remain involved with care delivery. It is clearly in the child best interests if that person is given the right to maintain that caring relationship irrespective of whether the child is receiving hospital based treatment or being offered care within the community.

Crucially it is the responsibility of nurses and health care assistants to foster a non-judgemental climate in which LGBT patients and LGBT parents of children who are patients feel comfortable about their relationships. Such a climate of openness will promote family support and also a respect for privacy and confidentiality as appropriate.

Maintaining confidentiality when caring for LGBT patients

Care staff who are seeking to access information and document sensitive details from LGBT service users need to be cognisant of a number of pertinent issues before doing so. Importantly when requesting information about significant others nurses should inform the patient of the reason why they are eliciting the information and how precisely this information will be annotated within the patient record. Of great importance to LGBT patients is who will be given access to this information and nurses should endeavour to seek specific instructions from patients as to whom they are happy for information to be shared with and conversely those they do not wish to. This is especially important with regard to what type of medical

information that may be shared with visitors and any person seeking information about a patient using the telephone. In situations where the LGBT patient may not have capacity it is important that nurses and other carers defer from making decisions as to who may or may not have information as this may directly be in conflict with the views and wishes of relatives. The RCN recommends that in such situations local guidelines should be produced for staff to follow (RCN 2016). (Bonvicini and Perlin 2003)

In particular there have been issues with what information insurance companies may access about LBGT patients. The RCN disclose that the British Medical Association and the Association of British Insurers have issued guidelines which indicate that health care staff do not have to reveal all aspects of a patient's history, nor release information about sexually transmitted infections provided there are no long-term health repercussions .Furthermore insurance companies should refrain from asking if an applicant for insurance cover has accessed either an HIV or hepatitis blood test. (Balkrishnan et al 2003) ,

In the context of how information is solicited from LGBT patients, nurses and health care support workers need to recognise that some will not be happy when various terms are used to describe aspects of their non-heterosexual sexuality, particularly when describing their own orientation. Unquestionably there will be some LGBT patients who have lingering concerns about such information is documented within their patient record. In light of this nurses should never make a record of a patient's sexual orientation without the patient's authorisation.

Dealing with the aftermath of the death of a LGBT patient

Provision already exists within the Human Tissue Act of 1961 which grants permission for a non-relative to receive a body, arrange a funeral and give permission for a post-mortem to be carried out. It is important for health care workers to recognise that same-sex civil partners and spouses are given the same rights as heterosexual spouses. Similarly, trans patients who are in a civil partnership or who are married are also granted the same rights and commitments as heterosexual couples.

(RCN 2016)

Discussion

This new RCN policy provides helpful information for nurses and health care assistants about care provision for LGBT patients. The key message is that care staff must always apply sensitivity about the way in which they solicit personal information from this discrete client group and using

language which is inclusive and avoids either offending or embarrassing the patient. Similarly the Care quality Commission has issued guidance to General Practitioners about patient participation and specifically about patient rights, i.e. *"staff respect your cultural background ,sex (Gender) ,age, sexuality (whether you a lesbian, gay, bisexual or heterosexual person) religion or belief ,and your disability if you have one".*

(cqc.org.uk)

Rather than specifically use the term "next of kin" nurses should ask the patient for the name of a contact to whom information can be given as required. They should also ascertain the names of those the patient specifically requests to have or not to have contact with.

Perhaps one of the other key messages of the RCN guidance is to support health care staff in challenging any heterosexist, homophobic, biphobic, transphobic and any other discriminatory attitudes and behaviour within the cadre of their own professions and among other colleagues, clerical staff, other patients and service users. All health care staff should endeavour to make certain that all patients from the LGBT community and their partners or significant others are accorded the same rights as any other patient and treated with dignity and respect, irrespective of their sexual orientation.

Key points

- The RCN have published a new policy aimed at nurses and health care support workers which highlights the complexities of providing high quality and non-discriminatory health care to LGBT patients.
- The primary objective of this policy is to alleviate discrimination against lesbian, gay, bisexual and trans people (LGBT) by health care staff.
- Patients belonging to the LGBT community can experience detrimental treatment and discrimination whilst in hospital.
- The Equality Act 2010 specifically forbids any overt or covert discrimination against individuals and groups because of their sexual orientation or their gender identity
- Care staff must always apply sensitivity in the way in which they solicit personal information from this discrete client group and using language which is inclusive and avoids either offending or embarrassing the patient.

References

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